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Idaho Medicaid Serologic Testing for SARS-CoV-2 Documentation Form

Instructions

A physician or non-physician practitioner must complete and sign the Attestation of Meeting Criteria section of this form. The completed document must be provided with an order for testing to the laboratory completing the test.

The provider performing the test must attach the completed form to their claim for reimbursement. **Claims for serologic testing of SARS-CoV-2 without a completed form will be denied. Testing for a purpose outside of the covered criteria requires a prior authorization.** Prior authorized claims do not require this form.

Medicaid Participant Information

Last Name:	First Name:
Medicaid ID Number:	Date of Birth:

Attestation of Meeting Criteria

Serologic testing has limited clinical applicability and is currently not recommended by the CDC or by the State of Idaho's Testing Task Force for use in directing patient care. Idaho Medicaid only covers serologic testing of SARS-CoV-2 without a prior authorization for the following reasons (select one):

- Test is being used to evaluate a recent past episode of symptoms to determine if the infection was from the SARS-CoV-2 virus.
- Test is being used for a Medicaid participant who believes they are immune to the virus and is not following physical distancing guidelines and/or other recommended public safety measures. Results will be used to document continued susceptibility and provide an opportunity for discussion about the importance of physical distancing.
- Test is being used to evaluate a diagnosis of multisystem inflammatory syndrome in children (MIS-C): the participant is under twenty-one and has been admitted with fever, laboratory evidence of inflammation, and clinically severe illness with multisystem organ involvement

I have evaluated the patient above in a face-to-face evaluation or via synchronous telehealth. It is to the best of my knowledge, and in my professional opinion, that the participant meets the criteria selected above for serologic testing.

Signature: _____ Date: _____
Name: _____ NPI: _____

For questions regarding claims, requirements, limitation or status, call DXC Technology Customer Service at 1 (866) 686-4272 or see the DXC portal at www.idmedicaid.com.